THE
MEDICAL AND SURGICAL REPORTER.

No. 528.] PHILADELPHIA, APRIL 13, 1867. [Vol. XVI.—No. 15.

Original Department.

Lectures.

A LECTURE
ON THE HEREDITARY TRANSMISSION OF PULMONARY TUBERCULOSIS.

By Prof. A. P. Dutcher, M. D.,
Of Cleveland, Ohio.

There is no principle in medical science better established than the hereditary transmission of disease. Indeed it is an inexorable law of our being, and dates back to the fall of man, when the Almighty revealed to the race, that he would "visit the sins of the fathers upon the children to the third and fourth generation." Awful and impressive as this enunciation is, the warning is sometimes unheeded by the medical skeptic, and set at nought by those who are suffering its inflictions. Human nature is so debased; the influence of self-love so overwhelming and blinding to reason and judgment, that even while possessing numerous facts to guide them to the truth, thousands still resist the conviction, and suffer the penalty due to violated law.

It is true, as remarked by M. Renaudin, "that man appears to possess an independent existence, isolated from his birth from those who begat him, although there is but little apparent relation between his ripe age and first infancy; it is not the least true that behind the characters peculiar to his individuality, we can discover certain typical signs, some of which betray his nationality, and others relating to his family. These typical signs are to be encountered not only in his physical organization, but also found in his moral idiosyncrasies; and if tradition is of any force as regards manners and customs, inheritance is certainly of great value as relates to the tastes and habits. It is in fact manifested in transmission from generation to generation of the most inveterate maladies, before which art is obliged to confess its weakness; and it is with difficulty prophylactics ward off the sad results."

I. Hereditary Influence of Phthisis.

I know of no disease in which we have so marked an exhibition of the doctrine of hereditary transmission as the one now under consideration. It is the outstanding type of all others. Whatever is characteristic of hereditary transmission in other maladies, finds its counterpart in the history of this. Peculiarities of mind, special configurations of body or features of countenance, are not more decidedly transmitted from parent to offspring, than the constitutional taint of pulmonary tuberculosis. It is not, in my judgment, simply the influence of a temperament, but a settled inherent predisposition to the deposit of tubercle in the lungs, and is propagated from one generation to another with more frequency than any other disease. And I am well satisfied, that when the mode of keeping medical statistics in this country shall become more uniform and perfect, they will show hereditary predisposition, in at least one-half of all who perish with the disease.

As a general thing, pulmonary tuberculosis is more frequently transmitted to the younger than the older children of the family, and more commonly to the females than the males. In a table compiled from the Brompton Hospital Reports, London, I find that in one hundred cases of phthisis, the disease is transmitted by the father four times, and by the mother thirteen times. The reason for this may be found in the fact, that the females are more exposed to the same inducing causes as their maternal parent. I have known several families where the disease was confined exclusively to the females; the mother and daughters perishing with it, while the father and sons were exempt. We sometimes witness the same thing in cancer. I am acquainted with the history of a family, where for three generations, nearly every female died with the malady, while there was not an example among the males.

But we sometimes see children of a family perish with pulmonary tuberculosis, of which the parents exhibit no signs, when subsequently, the father or mother or both are attacked, and thus the departure of the disease, which exerts a

kind of anticipatory action in the offspring, is disclosed. Several years since I attended two young men in a family that was supposed to be entirely free from phthisis; they died with very pronounced symptoms of the disease. Their mother at the time of their death appeared to be in vigorous health. Six months subsequently she fell a victim to the same malady, thus exhibiting the existence of an hereditary influence, the effect of which had preceded the manifestation. Again, on the other hand, we frequently see whole families of children cut off with phthisis, whose parents have shown no signs of the disease, living to old age, and perishing with other maladies. I have the history of a family of twelve children, all of whom perished with pulmonary tuberculosis but one; the mother died with dysentery a few years since, and the father is still living, over ninety years of age.

You must not, however, infer from anything that I have said, that pulmonary tuberculosis, when produced by hereditary transmission, commences at birth; for I never met with but one case of congenital pulmonary tuberculosis since I commenced the practice of medicine, and this was in an infant of a prostitute, suffering with constitutional syphilis. The child died a few days after birth. It was supposed that she had poisoned it. But this was not verified by *post-mortem*. Its little lungs were uniformly occupied with miliary tubercles, about the size of a pin's head, from their summit to their base, constituting one of the most perfect specimens of this variety of tubercular deposit that I have ever seen. In most instances you will find that phthisis pulmonalis is developed by growth, or some other circumstance in life. A parent, for example, has it in middle life; his son does not get it until about the same period,—sooner or later. In this way the disease may remain latent for years before it is manifested. It has, however, been observed, that under the influence of hereditary predisposition, the disease manifests itself at an earlier age than that at which it is ordinarily developed independent of other causes.

Another interesting fact connected with the hereditary transmission of the tubercular predisposition is, that it may sleep through one generation only to awake in the next with redoubled energy. Dr. L. M. Lawson, says, "Every practitioner has met with numerous examples in which both parents were apparently free from taint, while their offspring suffered from tubercular or scrofulous affections; but on pushing the inquiry further, it would be found that uncles, aunts, or grandparents, had suffered from similar diseases. A young man, laboring under the precursory signs of phthisis, presented himself to me for treatment; and the history of the case revealed the fact that he had lost four sisters and two brothers with consumption, and he, the remaining child, was now threatened. His father died at the age of forty-five, without any signs of pulmonary difficulty; his mother, aged fifty-five is living, in the enjoyment of good health. On further inquiry, I learned that the grandfather on the mother's side was said to have died of consumption of the bowels; and also, that his mother and sister died of consumption, and several of his brother's children perished in a similar manner. This is a very remarkable case. The maternal grandfather has some form of scrofulous or tubercular disease; but the daughter (mother of the patient) fifty-five years of age, and yet her *seven* children become the subjects of consumption; six die, and the seventh manifests decided symptoms of the approach of the disease."*

Again, we sometimes see individuals marry when actually suffering under the first stage of phthisis; and we have often known a single year to circumscribe the existence of one of the parties, and occasionally both. Not unfrequently an offspring is the result of this union, who is almost sure to fall a victim to some form of tubercular disease. Infants, as we have already remarked, very seldom die with pulmonary tuberculosis; the taint commonly manifests itself in the brain or bowels. In the earlier part of my practice, I had under my care a young man who gave every evidence of incipient phthisis pulmonalis. He inherited a predisposition to the disease from his mother. At a period of temporary improvement in health, he married a young woman of good constitution, having no proclivities to the disorder. He fell a victim to it five years afterwards. The results of this union were three children, all of whom perished when they were about a year old from tubercular meningitis. His wife subsequently married a man free from all tubercular taint; they had four children, and so far as I know, not one of them ever manifested a single symptom of tubercular disease, and I was the family physician for more than fifteen years.

But children so frequently perish with tubercular disease, whose parents never have exhibited any traces of the malady, that some medical skeptics like Dr. Walshe, of London, ignore any hereditary influence in the case. I have no sym-

* Lawson's Phthisis Pulmonalis, p. 15.

pathy with such teachers. I have not the least hesitation in saying, that there are few cases of tubercular disease in children, which cannot be traced directly to the parent as the source of its origin. It is true, that in every instance the parent may not labor under the tubercular diathesis, but he may suffer from other constitutional maladies, which are known to produce tubercular disease in children. How often do we see the offspring of those who have constitutional syphilis die with the most aggravated forms of tuberculosis? What vast numbers of children perish with tubercular meningitis whose parents are inebriates? All going to prove that the sins of the fathers are visited upon the children. Who will deny that even the secret vices and excesses of early youth, may not be attended by scrofula and phthisis in offspring? The mental and physical condition of the parent, at the time of conception, has a most powerful influence for good or evil upon the future destinies of mankind. Shakespeare appears to have had a vivid idea of this, when he put the following language in the mouth of Edmund, in King Lear:

"Why brand they us
With base? with baseness? bastardy? base, base?
Who, in the lusty stealth of nature, take
More composition and fierce quality,
Than doth, within dull, stale, tired bed,
Go to the creating a whole tribe of fops,
Got 'tween asleep and wake?"

If mankind were not begotten in the manner spoken of by the great dramatist, I most firmly believe he never would present himself before us in the degenerated physical and mental condition that he does; his nervous system would never be so early and irregularly developed, as to make his subsequent life a curse to himself, and full often present him to our view, a driveling idiot, the wretched victim of insanity or of tuberculosis.

II. How to Prevent the Transmission of Phthisis.

It is the settled conviction of some of our best medical writers, who have expressed an opinion on this subject, that the hereditary predisposition to tubercular disease can in a great degree be prevented by attention to the laws of health and matrimonial alliances of successive generations. "If," says Sir James Clarke, in his elaborate work on consumption, "a more healthy and natural mode of living were adopted by persons in that rank of life, which gives them the power of choice, and if more consideration were bestown on matrimonial alliances, the disease which is so often entailed on their offsprings might not only be prevented, but even the predisposition to it extinguished in those families, in the course of a few generations."

The propriety of avoiding intermarriages with those families who give evidence of being tainted with the disorder, will not be questioned by any who has made the subject of phthisis a particular study. I think we should boldly protest against every union which will have the slightest tendency to entail on posterity this fatal and dreaded disease—God and humanity require it. The physician is the guardian of the public health. His mission is to prevent as well as cure diseases. It is with the living, moving, present race, he has to do; with a being who contains within himself the germ of the highest mental and corporeal excellence. Alas! that the web of depravity and ignorance, that has so assiduously been wound around him, even from his earliest existence, should have so long opposed his physical and moral regeneration.

I have often felt in my intercourse with mankind, that it was almost a fruitless task to advise the practice of reason and common sense to those who were about to enter into the matrimonial state, especially to those who believe that love is invincible and uncontrollable; yet I have occasionally seen it attended with good. We know that all our passions are apt to take on morbid action by over excitement. This is especially the case with love as it relates to the sexes. When an individual is thus affected, there is a peculiar overpowering influence that takes possession of the mind, which is fruitful in sighs, tears, and sleepless nights, caused by a pretty foot, a keen eye, a winning smile, or a tender expression; and one thus affected deems himself most desperately and irrecoverably in love. But, unless the being after whom he sighs happens to possess some of the standard excellences of character, he will perhaps find, when too late, that he has entered upon a course from whence there is no retraction. How often is it the case, that those who have been once as blind as the little god himself, are at length aroused from their sweet dreams of fancied bliss to the sad realities of wedded unhappiness.

But he is not often the only sufferer, others reap the fruits of his errors; posterity have a greater interest at stake than is often supposed, and which is still less oftener consulted. Suppose a couple, both the branches of a stock affected with tubercular disease, fall desperately in love, and there can be no objection to their union in respect to the moral worth of either party; is marriage, with their predispositions to the disease, justifiable or expedient? Or, in other words, will they be excusable for knowingly entailing such a fatal malady upon posterity? Are they

excusable for perpetuating a disease that blights the fairest prospects of the race, and consigns so many to a premature grave? It would be better for them to suffer in their feelings, than that a numerous progeny should endure the ills of this wasting disease. Such reflections and sentiments enunciated by the scientific and upright physician, enforced by the spirit of truth, must touch the very heart; they cannot fail to reach the conscience. Reason would follow the dictates of conscience, but feeling, passion, and self-love, prompts to a violation of moral and organic law.

I am well satisfied, from my own personal observation, that there is no relation in life which contributes more to the happiness or health of mankind, when judiciously formed, than matrimony; and yet, strange to say, we frequently see individuals enter into it with as little reason as if they were incapable of it. Passion rules the hour, and when blinded and maddened by its influence, they hurriedly enter into this important relation; and it is a truth which cannot be denied, that very many of these marriages formed in haste, when the parties are intoxicated with passion, are insensible to everything but its influence, end in mutual coldness, disgust, and faithlessness to the marriage vows.

It is true, a couple for a time may live on little else than love, but if there is a great inequality in temper, disposition, or education, or if the habits of living of one or both have been much more expensive than their means will warrant in the new relation they are about to form, they may well ponder the step they are about to take. Marriage alone does not confer happiness, but when formed with due reflection and proper principles, it will result in prosperity and be followed by the most enduring affection.

III. The Medical Management of Individuals who have a Hereditary Predisposition to Phthisis.

Under the term *medical management* we include both hygienic and therapeutical measures. As we cannot prevent phthisical individuals from getting married and having children, we will often be called upon to give instructions as to the best mode of rearing them. Those who are wise will be guided by our advice, those who are not will neglect it, and as a consequence, see their offspring fill a premature grave.

In this case medical management cannot commence too soon. It should be begun in early infancy where the slightest tubercular taint is manifested in the parent, and there is well grounded fear that it inherits the same habit. The health of the mother during the time of nursing is a matter of great importance, everything to promote it should be rigidly insisted upon. The means to accomplish this have already been pointed out in another lecture.

The greatest care should be taken at all times that the child is provided with sufficient nutriment easy of digestion, excessive repletion being carefully avoided. The health of the digestive organs must be faithfully watched, and everything that disagrees with them strictly prohibited. The apartments in which it is kept should be well ventilated and of a moderate temperature; extremes of temperature should at all times be avoided.

When the weather permits, it may be daily exposed to the outer air; bathing and all the other means of hygiene should be attended to as the nature and circumstances of the case may demand. When the child arrives at that age when it is capable of taking exercise, it should be encouraged to engage in active sports, such as jumping, playing ball, and the like; but excessive indulgence should be avoided. The training of the mind should also keep pace with the body, but in no instance should it interfere with a full share of bodily exercise.

As puberty approaches, the greatest watchfulness should be had, that during this interesting period no bad habits be acquired—especially solitary vices, which expose the system to various derangements of health and diseases of a troublesome and often fatal character. Walking and riding on horseback or light gymnastics, and the use of the tepid or cool bath, as personal experience may indicate, are now to be regularly and systematically practised. There are few things which contribute so much to the health and vigor of the human body as a clean skin. Few persons have any idea of the vast amount of effete matter that is constantly eliminated through its pores; when these are continually obstructed the system can never be in perfect health. See to it then, that it is thoroughly cleansed every day.

The exterior of the body should also be well protected from vicissitudes of temperature by suitable clothing. Flannel beyond all question is the best material for this purpose, and in a climate like ours, where it does not positively disagree with the skin, it should be worn by every one who is in the least degree predisposed to phthisis. Keep the exterior of the body clean and warm, and there will not be much danger of internal inflammations and fatal congestions. I am well satisfied that if more attention was paid to the clothing of children, among even the

wealthiest class of the community, who have it in their power to dress their offspring as they please, the mortality of the race would be very much lessened. Croup, broncho-pneumonia, and some other diseases which so frequently demand the aid of the physician, would be exceedingly rare. But so long as society continues to be governed by the frivolities of fashion in the matter of dress, we cannot expect parents to be governed by the laws of nature or reason on this subject. Hence the necessity in this instance of enforcing our advice with special emphasis.

As youth is the period of rapid development and growth of all the physical powers, the system constantly requires an abundance of pure blood, and this cannot be supplied without good and wholesome food. This should be regularly furnished, in which a fair proportion of animal matters enter, including beef, mutton, eggs, or milk, should be allowed; if there is debility and inactivity of the digestive functions, they should be remedied by some of the bitter tonics, or if there be anemia, some of the preparations of iron may be used with advantage. This condition of the system occurring at this particular period of life should receive our special attention. If it be a fact, that tubercle is formed in consequence of a depraved condition of the blood, it should be our constant endeavor to impart such a degree of tone to all the organs as shall be most likely to conduce to the elaboration of food into good blood, and then the equable distribution of this blood to all the tissues so that they may be perfectly nourished. In this way we may reasonably hope to counteract the tubercular diathesis and increase the aggregate of human life.

Communications.

MISTAKES IN SURGICAL DIAGNOSIS.

By Stiles Kennedy, M. D.,

Of Delaware.

Art. III.—Hemeralopia.

During the summer of 1864, several cases of hemeralopia were brought to my notice in Gen. Clingman's North Carolina brigade. I had never met cases of this disease before, and as the profession had adopted no pathognomonic signs for my guidance in detecting it, I was left as much in the dark as my patients were. They were examined by several surgeons, but no one was able to say whether any certain case was a hemeralope or a malingerer. While we were discussing and treating a few cases at the infirmary of Hoke's division, the disease was spreading in the trenches, and became a serious matter. The officers and men soon found that if the surgeons could detect the disease at all, it was a very difficult task, and this contributed to the number of cases.

At this juncture Gen. Hoke issued an order to the effect, that all cases of this kind occurring in his division should be turned over to myself and Dr. Alexander Rives, a young surgeon of marked ability, now of Memphis, Tennessee.

Putting aside any feelings of pride that would naturally arise from the fact of being selected from a body of twenty surgeons for the purpose of making this investigation, I may say for myself and Dr. Rives also, that we were very glad to have this opportunity of close examination and study of a disease altogether obscure in its cause, pathology, and treatment, and we were in high hopes of being able in a short time to throw some light on this strange disease.

The usual preparations, such as tents, rations, medicines, etc., were soon made, and we began our labor with much zeal. A blank book was procured for recording the cases, and this was the most faithfully kept "record of cases" I have ever seen anywhere or at any time, under any circumstances.

The examinations were the most rigid I have ever made, either before or since. The most trifling matters that might possibly have the remotest bearing upon the case in hand were carefully noted. After an interval of several days, the cases were re-examined, and the difference in their statements, if any existed, accurately stated.

After much patient inquiry and close observation, we finally arrived at the following conclusions. That the disease was produced essentially by disorder of the alimentary canal, affecting indirectly the visual nerve.

In nearly every case *chronic diarrhœa* was either present or had been a short time previous, and where the diarrhœa had been checked, anæmia or biliary disorder, or both still remained. In a very few cases *constipation* had been troublesome, and in a few others no antecedent disease could be traced.

Whenever any doubt existed as to the statements made by a patient, the commanding or other officer of his company was requested to certify to the truthfulness and good moral character of the man; in fact, nearly all of the cases furnished this.

All attempts to discover any change in the organization of the eye itself failed. It was in

all respects apparently a physiological eye, unless in a few cases, the clearer white of the sclerotic coat in the anæmic, and the slight yellowish tint in the biliary cases be noted.

The treatment was entirely successful, and consisted in removing the cause by appropriate remedies, the administering of tonics in full doses, with as light and nutritious a diet as we could procure. We found this sufficient—in cases not too much reduced—to restore the patient in two or three weeks. When it appeared to us that the patient would not recover in that time, he was furloughed for thirty days. The change of air, diet, etc., never failed to restore a single case in that time, that I am aware of.

In about two months the number under treatment was reduced to four, for most of the applicants for admission had been lately, and were being now rejected, believing them to be malingering.

Of the remaining four, however, there was in my mind no doubt but that hemeralopia was present.

Two of them had been marched with their companies at night a score of times.

They were always led by some comrade, and sometimes when they would fall into the hands of a comrade who did not "believe in his disease," they would get some terrible falls over stumps and down gullies; and finally after their whole regiments were satisfied of the presence of the disease in question, they were sent to the infirmary.

The other two were entrenched behind certificates of good moral character and passed the rubicon of examination. The four were under treatment only a few days, when they were sufficiently restored to allow them to desert *on a rainy and very dark night!* Thus ended that branch of one of the finest field infirmaries in the southern army.

How many times I had been cheated I do not know. How many poor fellows I sent back to the trenches, while I ought to have put them on tonics and good diet, I never want to know. I believe most of the cases under treatment were genuine cases of night blindness, most of them were doubtless only slight attacks, but fulness of vision is so necessary to the duties of a soldier, that the slightest disorder of that sense was sufficient to create alarm.

A more direct cause, which affected specially the organ itself, was the constant "straining of the eye" on some dim uncertain object in the distance, or on some imaginary sharpshooting enemy close by.

This searching gaze for weeks and months, with the debility from diarrhœa, bad and illy cooked food, damp trenches, confined air, dirt and filth, undoubtedly produced the disease. Relief from trench duty would, of itself, relieve the patient, and the tonic and dietetic treatment only accelerated the recovery.

But how to diagnose hemeralopia is a field still open for cultivation.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

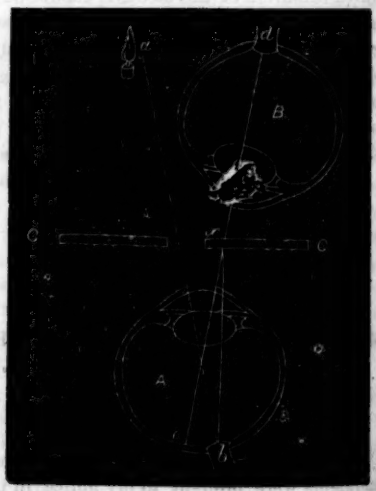
Of Philadelphia.

(Continued from page 412, vol. xv.)

Aut-Ophthalmoscopes.

We now come to a form of ophthalmoscope by which physicians can examine their own eyes and determine their condition, for like all departments of medical study, the physician often suffers from disease of the very organs to which he devotes so much attention. The first complete instructions for self-examination with the ophthalmoscope were given by Prof. Coccius, whose statements are here followed, as shown in Fig. 5.

Fig. 5.



"The left eye *A*, here sees its own optic nerve in the image *B*, afforded by the almost perpendicular mirror *C*. *a* shows the position of the light, rays from which, following the direction of the dotted line, fall upon the optic disc. *c* is the macula lutea of the left eye, which sees the image of its optic nerve at *d*. In accordance with the principles which govern the action of plane mirrors, the image *B* presents an appearance as if the obser-

ver, with his left eye, were looking at the right eye of another person. The ray *b*, proceeding from the optic disc to the mirror, is reflected, near the margin of the central perforation, at an angle equal to that of its incidence, and returns to the macula lutea at *c*. If the line *cx* be prolonged to *d*, a point as much behind the mirror as *c* is in front of it, it will indicate the apparent position of the reflected image."

In commencing the examination, the mirror is held perpendicularly before the eye, close to it, and in such a position that the optic axis is directed to the inner edge of the central perforation. A wax light should then be placed behind the mirror, in the continuation of the optic axis, so that the inner edge of the mirror, the flame, and the optic axis are all in one line; the mirror is then inclined at a small angle from the eye, (from the temporal side,) upon which an image of the flame becomes visible in the mirror, close to the actual flame itself, and deviates inward from the latter (toward the nose) as the inclination of the mirror is increased. A slight movement, which allows the image of the flame to deviate somewhat upward and inward, will then bring the reflection of the optic disk and vessels into view.

In order to follow the course of the central trunks, which mostly proceed upward and downward, it is necessary to guide the image of the flame upon them—after having first diminished the light by the interposition of a strong concave lens, or of a diaphragm with a small perforation.

For complete and thorough self-examination, with the ophthalmoscope, of the optic nerve, retina, and choroid, it is necessary to dilate the pupil, to use the lamp for illumination, and to place a convex collecting lens behind the mirror. Coccius employs a steel plane mirror with a sharp-edged central perforation, and recommends, according as the observer can bear more or less dazzling, (which cannot be entirely obviated,) a collecting lens of from 2″ to 3″ focal length. The dazzling will then not be greater than that which is experienced in being examined by another person, with an object lens of 2″, for the inverted image.

The best view of one's own fundus is obtained by holding, with the free hand, a convex lens of 2″ or 3″ focal length at from 1″ to 2″ behind the mirror; or a weaker lens, of from 4″ to 6″ focal length, close to the lamp.

For self-examination of the refracting media, Coccius employs with greater success two mirrors, in the manner first proposed by Seydeler. After having dilated the pupil of the eye to be examined, a perforated plane mirror is placed before the other, and so inclined that its image of the flame is reflected by the second large plane mirror upon the eye under examination, an illuminated image of which will then be seen in the second mirror. If it be desired to inspect the media of the left eye, the perforated mirror is therefore placed before the right eye, and so directed, that its image of the flame falls upon the second mirror at a proper angle to be reflected into the left eye. As soon as this is the case, the right eye, through the opening in its mirror, will see the illuminated image of the left eye in the second mirror.

In order to test accurately the transparency of one's own crystaline lens, Coccius employs as his second mirror a concave of 4″ or 5″ diameter, and 20″ or 24″ focal length. The lamp is best placed laterally in front of the eye to be examined, which must be screened from its direct light.

As advantages of autoscopy, Coccius points out that the examination affords proof, by allowing the red vessels to be seen when either no part or only a part of the flame itself is visible, that the fibrous layer (of the retina) is insensitive to light, and that the bacillary layer is not a simple catoptric apparatus; since, if it were so, the experiment would not succeed. It allows, moreover, of simultaneous subjective and objective examination, since the light from the optic nerve and its vessels is partly distributed upon the contiguous portions of the retina, and being perceived by them, is by our imagination transferred to the blind spot. Further, it may be observed that near the borders of the optic disc the light of the candle-flame begins to be more white, in consequence of the deficient choroid no longer returning red rays. Lastly, it is of great interest to observe precisely the boundary between the bacillary bodies and the optic nerve. A small ring at the margin of the optic disc is well known to be sensitive, and it certainly is so as far as the bacillary bodies extend.

The autoscopic examination teaches the observer that the subjective image of the candle-flame is abruptly cut off where the clear objective image ceases. The knowledge of these circumstances and an exact acquaintance with the optic disc of one's own eye, the difference between veins and arteries, the form of the nerve and its physiological boundaries, are all of great assistance in the recognition of disease, and afford a standard of the natural appearance of the disc, in respect of color, condition of surface, and other particulars.

The discovery of the nerve in the eye of another person is also facilitated by the practical knowledge gained upon oneself, that its position is not central, but somewhat below the horizontal meridian of the eye. (Zander, translated by Carter.)

The aut-ophthalmoscope of Coccius is now sold in a very simple form. It consists of a brass tube 5½ centimetres in length, and 3 centimetres in diameter, closed at one end by a plate perpendicular to the axis of the tube, in which is set a plane mirror of highly-polished steel, 2 centimetres in diameter, with its reflecting surface turned outward, and with a central perforation 3 millimetres in diameter. The tube is blackened within, and carries at its other extremity a 3″ bi-convex lens, covered by a metal plate having a circular eccentric perforation, with a diameter of 12 millimetres, that extends from the centre of the lens to its circumference. With a very little practice and tact, the optic disc can be readily brought into view; but an examination of the whole fundus oculi is difficult and tedious. The field of vision is very limited indeed, and the eye has to be turned in all directions and examined bit by bit, in order to see as large a portion of the retinal surface as can be scanned at one glance in the eye of another person. Moreover, the principle of the apparatus renders it impossible to see the macula lutea. Many of these disadvantages have been obviated by the invention of the instrument which we shall describe in our next paper.

THE ETIOLOGY OF SPECIFIC DISEASES.

By W. R. Chisholm, M.D.,
Of New Bedford, Mass.

(Continued from page 255.)

Let us now examine in detail the principal phenomena of *epidemic diseases*, and see if our theory of their cause will account for them.

Epidemic diseases are numerous and various, but each has its marked individuality, which never changes. No *single* agent, then, can cause them; for it is a law of nature that a cause operating upon like bodies under like conditions, will always produce the same effect. Thus a single agent can cause but one disease.

As epidemics are a *class* of natural effects, numerous and various, yet having certain characteristics common to them all, they must be caused by a *class* of agents having similar characteristics. In the organic world, especially in that portion of it revealed to us by the microscope, we can find just such a class, *and nowhere else in nature.*

Epidemics are *infectious*, and it is difficult to conceive how infection can take place without an increase, by reproduction, of the agents which cause the disease. Having the power of reproduction, then the causes of epidemics *must be* living organisms, to which, exclusively, belongs the function of generation.

Epidemic diseases have a *period of incubation*, varying from two days or less, to three weeks or more. If they are caused by any agents not possessed of vitality, as an inorganic poison for instance, why do not these agents act sooner? Is any poisonous drug known which produces no effect upon the human system until three weeks after it is swallowed? Can we conceive of any meteorological element requiring three weeks to affect the system? No; drugs, heat, light, wind, rain, and electricity, affect us immediately or not at all. But let us suppose that *living germs*—the spores of a fungus, or the eggs of an animalcule—are quietly deposited in the system and there left to *incubate*. How readily the mystery is solved, and how appropriate the term "*period of incubation*," which man has instinctively employed without realizing its full import!

Epidemics usually travel from east to west, or *against the prevailing winds* outside of the tropics. It is evident that any inanimate matter would be carried about by currents of air, and thus epidemics would travel *with* the prevailing winds, and not against them. We can only account for their general course, by supposing that their germs are endowed with locomotive powers, or that they are transported by man. The first hypothesis may be true in the case of a few diseases, which, like some influenzas, sometimes suddenly appear over a whole country and affect a large number of persons simultaneously; but probably in most cases the germs of epidemics are transported by man, and go west because the general course of commerce is in that direction.

Fortunately, this is especially true as regards the more formidable epidemics, such as the plague, cholera, yellow fever, European typhus or ship fever, etc.; and thus it is in the power of man to prevent these diseases from spreading, by isolating all infected persons, with their baggage and goods, and allowing no communication with infected districts. To be efficient, however, quarantines ought to be such as to render it *impossible* for any person to slip through without detection; and the penalty for *attempting* to slip through or evade them, ought to be so terrible, and so swiftly and surely enforced, as to deter all but the most reckless from making it.

An inefficient quarantine is a great evil; but

all quarantines can be made efficient, and then they will be invaluable institutions.

No matter how long an epidemic is kept out of a country, if it is finally admitted it will claim its full complement of victims. During the past year we saw the cholera held at bay for several months by an efficient quarantine at New York, and we all hoped that the pestilence would not gain a foothold upon our shores. At length an individual escaped from quarantine and carried the infection to the city, and the result was, that in *four months*, ending Dec. 1st, over 10,000 deaths from cholera were reported in the United States. Many of our cities spent large sums of money for cleansing and draining, and in abating nuisances, with the object of warding off the disease; but, once admitted, it laughed at so-called "hygienic measures," and claimed its quota of victims.

The failure of the quarantine at New York last summer is particularly unfortunate, because the fact is made use of as a powerful argument against the system, not only by those who honestly believe that all quarantines are and must ever be worthless, but also, by those who oppose the system from some selfish interest and not from principle.

Epidemics have a more or less well-defined *limit of duration* in a community. Commencing with a single victim, they progressively increase in force, attacking a larger number daily, until they reach their culminating point, when they more or less rapidly decline and disappear, having, perhaps, in the meantime, spread to other localities.

Of all the phenomena attending epidemics, this is the most difficult to account for. It is much more marked in some diseases than in others, but it appears to be a law of all *active* epidemics. Can we explain it?

First, let us remark, the very existence of such a law proves that the causes of epidemics cannot be particles of inanimate matter diffused through the air like dust. If they were, they would be blown about in clouds, which, falling upon a city, would affect all the inhabitants simultaneously. Perhaps there are diseases that are caused by such inanimate particles, but if so, they are not and *cannot be infectious*, and therefore they are not epidemic; for no disease can properly be classed with epidemics, except it be infectious. All diseases of the human race may be said to be "upon the people," but they are not all epidemics in a scientific sense.

Restricting, then, as we ought, the meaning of the word epidemic so as to include only infectious diseases, we may assert with confidence, (for we have nature's laws to guide us,) that the material cause of such diseases *must be organic and vitalized*, because it must somehow increase and multply.

But what limits the duration of an epidemic? Why should a disease which increased when it was feeble, decline when it has grown powerful? A large majority of the people are usually left unaffected, and observation shows that it is not because these persons are not susceptible to the disease, for it frequently happens that individuals who have passed unscathed through an epidemic in one town, are shortly afterward attacked by the same disease while travelling or residing in another town. During the past autumn, citizens of New York who remained unaffected in that city all through last summer while the cholera prevailed there, died of that disease in some of our western and southern cities.

Again, epidemics sometimes return after a few weeks or months, and carry off more victims than on their first visit. It is evident, then, that epidemics do not *always* leave a city or town for want of victims.

There must be something in the *air*, which first admits an epidemic in any place, and then limits its duration. Unless the germs of a specific disease are present, I firmly believe that no condition of the air can *cause* that disease; nor do I believe that any meteorological element, nor any amount of filth can *generate* such germs without a parent germ to start with. But certain elements are undoubtedly essential to the life of these germs, and if those elements are not present the germs cannot exist. Thus, two conditions necessary for yellow fever are warmth and moisture; but it is clear that these two elements cannot *cause* yellow fever, although they are essential to the life of its germs.

But there must be some other element in the air upon which the duration of yellow fever depends, or of course the disease once started would continue as long as these elements were present, and there were any susceptible persons left in the community. The fact is, however, that the disease *always declined* after a period which seldom exceeds three months, even in the tropics; and all the facts go to show that its duration is not limited by any meteorological element in tropical countries. A sharp frost will always stop the disease, but frosty weather is unknown in the tropics.

The element which we suppose to be essential to the life of the germs of an epidemic, appears to be *exhausted by the disease itself*, in all cases.

Is it not probable, then, that that element is *food*, and that the germs consume it?

Admitting the truth of this hypothesis, we see the true meaning of the phrase, "epidemic constitution of the air." It means air so constituted as to sustain the life of the minute organisms which cause the epidemic.

It may yet appear that the epidemic constitution of the air depends mainly upon the *soil;* and if so, it will sustain our theory, for the character of the soil determines mainly the abundance of animal and vegetable life.

This hypothesis readily explains why some towns suffer severely, some slightly from an epidemic, while others escape entirely. We see why the cholera avoids primitive regions, where the soil is barren, as in New England, and rages with such violence in the rich valleys of our western rivers, where the geological strata are of a more recent formation. But while the cholera evidently prefers a rich soil, there may be, and probably are other diseases which find their proper food on a barren soil.

We see now why the typhus fever of Europe—that formidable pest, known in this country only as ship fever—has never gained a permanent footing in this country, although it has been brought to our shores repeatedly.

This hypothesis also explains why the cases of disease usually decline in severity as the epidemic declines. The living germs gradually decline in numbers, and in individual power, as their food fails.

Epidemics manifest a remarkable *power of selection.* In other words, *they choose their victims!* The measles, hooping-cough, and scarlet fever, attack children mostly. It was formerly supposed that as these diseases were extremely infectious, almost every person was attacked early in life, and none of those were liable to take the disease on coming to adult age, because the diseases are non-recurrent. But croup may return repeatedly, yet it is seldom seen in the adult; and diphtheria, which is entirely new to the present generation, has everywhere, since its first appearance, chosen a large majority of its victims from among children.

Cholera is most fatal to the black race, while that race is almost entirely exempt from yellow fever, which is so fatal to white men.

Yellow fever also finds its victims among the most robust and plethoric, while some other diseases attack first the weak and debilitated.

During the prevalence of the plague at Alexandria, in 1835, the European residents suffered only in the proportion of 5 per cent., while the Arab population suffered in the proportion of 55, the Malays 61, and Negroes and Nubians 84 per cent.

How can we account for this choice of victims manifested by various diseases, unless we admit that they are caused by living animalcules? Insects manifest a similar choice, and it is well known that some persons may handle bees with impunity, while others are quite sure to be stung if they go near their hive. Langstroth, in his most interesting work "On the Bee" says, that he thinks the bees sting those persons who, in consequence of ill health, or neglect of personal cleanliness, have an odor which is offensive to the delicate sense of smell possessed by these insects. He found that when in good health, if he took a bath and then put on fresh clean clothing, he could freely and safely handle his bees; but if he was suffering from a cold, or from indigestion, he was obliged to exercise care in handling them, or they would sting him.

There are persons who are never annoyed by mosquitoes, and others who are never bitten by fleas.

This leads us to consider what has been called "*the predisposition to disease.*"

During epidemics some individuals escape entirely, even though exposed to infection. We say of such persons that they were not predisposed. There are persons who cannot be vaccinated, and we account for it (?) by saying they are not predisposed.

But *why* not predisposed? What constitutes predisposition?

Diseases not only confine themselves to particular species, as I have attempted to show, but also in many cases to particular *organs* of the individual attacked. Cases need not be cited in illustration, for the fact will readily be admitted. It is probable also that some particular element of the body,—some fluid perhaps,—is the pabulum sought for by the germs of epidemic diseases.

Upon the presence of this fluid in the human system, depends, no doubt, the predisposition to the disease.

In non-recurrent diseases, this fluid or pabulum is exhausted by the first attack.

Some persons may be born without the pabulum of scarlet fever, and if it is never developed in the system, they could never take the disease.

This hypothesis explains why diseases of the mucous membrane are never non-recurrent, but may recur any number of times in the same individual, and why they have such a tendency

to become chronic, and are then so difficult to cure.

Mucus is a fluid necessary to the system, and is always to be found wheverer there are mucous membranes; consequently the germs of a disease subsisting upon it must always have an abundant supply of food.

Finally, epidemics perpetuate their species, each species manifesting a tendency to adhere to its original type. So always do living organisms.

Thus we have endeavored to show that the phenomena of epidemics are readily explained by the theory that they are caused by living organisms.

[To be continued.]

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Bony Anchylosis of Knee.

Joseph Z., æt. 22, single, farmer from New Jersey.

At Fort Fisher, January 18th, 1865, while serving as a marine in the United States Navy, he was wounded in the left knee by a grape-shot, which struck him when lying down, near the inner condyle of the femur and passed through the articulation. He was sent to the Portsmouth Naval Hospital, whence he was discharged the following 28th of June, with his knee perfectly stiff and flexed at a right angle. Afterward there was a constant discharge and the passage from time to time of pieces of bone from the part, the last fragment coming away in June, 1866.

When he presented himself at the clinic he had bony anchylosis of the left knee, and the leg was flexed at such an angle with the thigh that the distance between the heel and the corresponding buttock was only seven and one-half inches.

The operation consisted in breaking up the extensive osseous adhesions by means of perforators and other instruments. The ham-string muscles were divided subcutaneously. The limb was then bandaged throughout its whole length. It was afterward placed upon a double inclined plane with a screw arrangement, so that it could be gradually brought down.

About two months after the operation the limb was straightened sufficiently to enable him to rest on the ball of the foot, which is all that can be desired. The heel is somewhat elevated; it will be brought down at some future time by dividing subcutaneously the tendo-Achillis. He walks readily by the aid of a cane.

April 1st. The patient writes that he has good motion of the ankle-joint, and walks with increasing ease and comfort.

Hydrocephalus.

Emma P., æt. 19 months. The mother states that the head has been large since birth. The probability is that the affection was congenital. The head is very much increased in size over that which is natural to a child of this age, and forms a striking contrast to the face and rest of the body. There is probably nearly a quart of fluid in the brain, of a peculiar character, perfectly limpid, slightly saline in taste, and non-coagulable, differing in this respect from the albuminous fluid of hydrothorax, ascites, and hydrocele. The water is contained in the ventricles, and the lobes of the cerebrum are expanded, unfolded as it were. The fontanelles as well as the sutures of the skull are open.

How this fluid originates, it is impossible to determine. It may be supposed to be owing to the fact that the absorbents are not capable of taking up the cephalic spinal fluid, that there is a predominance of secerning action furnishing an amount of fluid over and above that which the absorbent vessels of the brain and arachnoid membrane are capable of absorbing.

The child is able to nurse, still taking the breast. The intellect is of course seriously impaired. The life of the child is automatic, vegetative.

A child affected in this way may live for many years, attain an age of sixteen, twenty, or even forty years. But this is uncommon; generally death occurs within a comparatively short time, within from eighteen months to three years.

The circumference of the head is twenty-three inches; it measured seventeen and a half inches when three months of age. The pupils are contracted. The child does not walk any, is not able to hold its head up. It passes water about eight times in the twenty-four hours, so that its bladder is somewhat irritable. Bowels costive, being moved only twice in a week. Whenever the brain is laboring under compression from any cause there is invariably torpor of the bowels as a natural consequence.

In regard to treatment, very little is to be done in cases of this kind, even if they fall into the hands of the practitioner at an early period. Prof. GROSS has thought that he has derived advantage from the use of the iodides in combination with mercury, as one half a grain of the iodide of potassium, with one twenty-fifth of a grain of bichloride of mercury, three times in the twenty-four hours, applying sorbefacient ointment to the scalp, previously shaved, as the ointment of the biniodide of mercury very much diluted, or the common mercurial ointment, stimulated with camphor or the dilute tincture of iodine, one part to four or five of alcohol, painted on once every other day. Mild aperients may be given but active purging should be avoided. The nourishment should be ample but non-stimulating, because the object is, to keep the secernent action of the brain and arachnoid membrane in abeyance to enable the absorbent vessels to perform their functions with abnormal activity if possible. Compression has been used by means of apparatus and of adhesive plasters. The gum ammoniac and mercurial plaster might be used,

strips being placed around the head after the scalp has been properly shaved. But in an advanced stage of the disease but little benefit is to be expected from such treatment. As respects paracentesis, this operation has been performed very frequently.

Dr. Conquest, a London physician, reported many years ago, some sixteen or eighteen cases of this disease, nearly all of them successfully treated by puncture of the cranium, withdrawing portions of the fluid from time to time. Such statistics are unreliable and have not been confirmed by other operators. Immediately after a portion of the fluid is removed, there is collapse of the brain in consequence of the withdrawal of its accustomed stimulus, uncontrollable convulsions ensue, and in all likelihood death in a short time.

Mammary Abscess.

Mrs. E., æt. 22. She has an affection of the breast, which came on immediately after the birth of her child two months ago. It is very sensitive, the very approach of the finger gives pain. The skin is congested and the nipple depressed. There is distinct fluctuation. Appetite poor; great deal of fever at times, especially in the evenings. She has abscess of the mammary gland. If the abscess is at all extensive the constitutional phenomena are proportionally great, the patient becoming emaciated and sometimes seized with hectic fever.

The subjects of mammary abscess have usually small, badly developed, and tender nipples. When the child is put to the breast the milk does not flow readily, the child has great difficulty in accomplishing its purpose, and in consequence, the pressure of the gums and tongue is much greater than in ordinary cases, thus increasing the tenderness of the nipple. The child will also seek the nipple which affords the greatest amount of fluid with the least effort, and thus cause an accumulation of the milk in one of the breasts. This retention reacts upon the lacteal ducts and thus inflammation is excited. It frequently happens that the patient is neglected, the secretions are allowed to become disordered. The result is that the irritation is not only kept up, but increased, and ultimately an abscess forms, containing several ounces or a quart of pus. Even in the hands of the very best practitioners, mammary abscess is by no means infrequent, sometimes owing to the obstinacy of the patient, sometimes to the fact that the breast cannot be emptied of its contents. At the outset, if the breast be promptly emptied and sorbefacient liniment employed, rubbing the gland from above downward in the direction of the outlet of the lacteal ducts, the formation of an abscess may often be readily prevented. If the inflammation has already attained a considerable height, leeches should be applied and saturnine lotions used. If, at a still further period, there is a tendency to the formation of an abscess, the best plan is to employ warm water dressings and emollient poultices to promote suppuration. When an abscess forms, nature's opening should be anticipated, for she never makes an opening at the precise spot where it is most advantageous, and besides this, instead of one, nature will make several, sometimes three or four. In addition to this local treatment, it is necessary to pay particular attention to the state of the system. Let the diet be dry, plain, and simple, not using any animal food. The secretion should be attended to, the bowels properly regulated. If there be fever, it must be subdued by the ordinary antiphlogistic measures. It may be necessary to use tonics, especially when there are profuse sweats and hectic fever.

The abscess was opened. The matter was deeply seated and abundant, of the character of that found in phlegmonous abscesses. A tent was introduced, and an emollient poultice with solution of sugar of lead and opium upon it, ordered. The matter will be pressed out gently twice in the twenty-four hours. By and by the gum ammoniæ and mercurial plaster will be applied.

Surgical Department Phila. Dental College.

Clinic of Dr. Garretson.

Reported by Dr. H. L. Gilmour.

RECURRENT EPULO-FIBROUS TUMOR.

Case 1st. I have the misfortune, gentlemen, to present as the first lesson of to-day, a case which has made me feel sad for the past twenty-four hours. You remember this patient, upon whom I operated some three or four weeks back, making a resection of the lower jaw, for what I pronounced to be an epulo-fibrous tumor. You will recollect that this tumor appeared to have its origin from the periosteum, at the back part of the cuspid tooth, and as we watched it, we saw it increasing in size, until at the day of operation it was quite as large as the ordinary Lima bean. I told you it was a benign growth, but I made a reservation, reminding you that in the lectures on the sarcomatous growths, which I had the pleasure to address to you, I made strong point of the fact that sarcoma and carcinoma were as relations close knit in the bonds of a common fellowship and sympathy, and that it was a common nature of blood that flowed in them. That like all relations in common blood, one was not to be disappointed, if, in the apparent angel of the family, occasionally was to be found outcropping the malignancy of its apostate,—and that, on the same grounds of inference, any and every intermediate condition might be recognized as capable of having an existence. You will recall, that in the extirpation of this tumor I was so desirous to be outside of any local relations it might have, that I bounded the section in front by the alveolus of the central incisor tooth, posteriorly by the alveolus of the second bicuspid, and below, by the greatest depth of the alveolar process. This, I told you, was a proper mode of extirpation; that it was a necessity to be well to the outside of all such growths. But here, to-day, is the tumor recurring; and not with the simple, harmless face with which we first saw it, but starting up threateningly in lobules, like so many armed dragon teeth.

Did I fall into an error? Did I mistake the apostate himself for the angel? I did not, and I believe I will cure this lady yet, without a section

that shall deform her. I had proposed to operate upon her again to-day, but must defer it to another time. She is too depressed from the nervous disquiet induced from understanding that another and perhaps a third operation will be necessary. But I may tell you, as I have told her, what I propose to do. I have seen so many fibro-recurring tumors in the mouth, that while I dread them, yet I have learned not to be unnecessarily frightened by them. Now, if I had in my own person the experience of this lady, I would not, without another trial, suffer a complete resection of the bone. This deforms one for life; and if such resection is not an absolute and proven necessity, then to make it would be a barbarity. You may suggest, that a common experience may prove a common order of cases, and this would be very unobjectionable logic. But experience does not prove that the epulo-fibro recurring growths are not conquerable without complete section; at least my experience does not so prove, and as I have seen, and have done much of this surgery, I think the experience is entitled,—from myself at least,—to some share of consideration. I propose, at a proper time, to make a second section in this case. My anterior cut shall be made directly in the symphysis, and shall extend within two lines, or thereabouts, of the base of the bone; the posterior incision shall be somewhere in the neighborhood of the position of the second molar, and shall be to a like depth. These cuts are to be made with the saw, and not with cutting forceps, as used in the first operation. We are to deal now with the solid body of the bone, and the lower jaw is, as you well know, too solid, and close in texture, in most cases, to admit of the vertical forcep cuts, without great danger of fracture. The connection of these two cuts, removes, as you see, all the intermediate body of the bone, leaving only a delicate rim, or arch of continuity. If, with the removal, the disease is obliterated, there is no interference either with the harmony of expression, or the office of the parts, that cannot be easily enough restored with a few artificial teeth.

Suppose, however, that the trouble again recurs, what must be done? We must make, then, a complete section of the bone; and the extent of this section will be influenced entirely by the character of the reappearing growth. We may take away the rim, or arch, left; as the only hope of cure may be seen to lie in the entire removal of half of the bone,—that is, removing it at the articulation.

In the meantime, I propose to try upon this case the effect of the per-sulphate of iron. I have told you, that with some, it has quite a growing reputation in the treatment of conditions carcinomatous in type. Watching the tumor closely, I will daily, subcutaneously inject a few drops of Monsell's solution; I will also daily compress the part. This is easily done by moulding over it a piece of gutta percha, upon which the superior teeth can act. Under this compress I will lay one or two thicknesses of cotton stuff; this also shall be medicated in the solution of iron. I do not know, gentlemen, personally anything about this anti-carcinomatous action of iron. I have never tried it. It is claimed to be possessed of specific action, and I trust that the claim will be proven to be well founded. It is, however, I may suggest, a somewhat delicate matter to try experiments in combatting outgrowths. You know the common talk about handling cancers; it is not talk alone, I can assure you. As this lady is, however, prepared to undergo an operation at any hour demanded, we may feel that we can do her no harm in attempting to cure her without the knife. Try new things with caution. A very good rule of conduct is:

> "Be not the first by whom the new is tried,
> Nor yet the last to lay the old aside."

I would not advise you not to try new things, nor would I deter you from seeking in all channels for good, but let all things be tried, and all new things sought on the foundation of an educated judgment. Quacks stumble on good remedies, and an ass, slipping upon the mountain side, may turn up a nugget of gold. As we do not object to appropriate the gold, we should not hesitate to take to our use the remedy. This application of the per-sulphate of iron is not, however, the stumble of a quack. There is reason in its employment, and we will carefully test it, hoping that the premises are well founded.

I will show you the patient at our next clinic, or as soon as opportunity offers.

Bursal Tumor at the Wrist-Joint.

Case 2d. Here, upon the wrist of this lady, is, as you see, a tumor. It does not seem closely fixed, and to the touch is very spongy and elastic. It seems quite disconnected with the integuments, which move very freely over it. What is it? A bursal tumor, I think. You are all familiar with the anatomy of the wrist-joint. You remember very well that certain of the carpal bones, and prominences upon these bones, conspire to form a groove, or channel, transmitting the digital flexor tendons; that as each tendon passes through this groove, it has reflected about it a vaginal synovial membrane; that these vaginæ are what might be considered as prolongation of the common articular membrane, and are, consequently, in association with it. This tumor, if I am right in my diagnosis, is a bulbiform enlargement of the vagina of the flexor longus policis, or of some quite closely associated tendon. In character it is made of a cyst of greatly thickened synovial membrane, which cyst is in communication with the common articular sac on its lower face. It may contain a good deal of synovia, or a very little, or none at all. It is a tumor analogous to the bunion, the housemaid's knee, or any non-acute enlargement of the bursæ mucosæ, and its cure is to be attempted on precisely similar principles. Sorbefacients are highly recommended. Blisters are employed by many. Breaking the sac by the stroke of a book, and allowing the escape of the synovia into the neighboring tissue, has been practised. This last, however, I would not recommend you to try. I tried it once, and it was only after weeks of treatment that I was able to save the arm of the patient; phlegmonous erysipelas of the worst type being the consequence of the operation. A very

simple treatment, and the one I shall employ here, is to make a valve-like puncture, with a heavily grooved needle, and after scarifying well the inner face of the cyst, press out the contents along the groove. Compression will then be employed, and thus I shall hope to inflame the walls, and thus obliterate it.

The tumor was here sprayed with ether, and the needle introduced directly over its centre, being carried under the skin, then directed upward, turned and brought down directly into the bursa; pressure was now made, and there escaped along the groove a thimbleful of synovia; the needle was now made to scarify the inside of the sac, and then withdrawn. A piece of plaster was at once laid upon the seat of puncture, and firm compression applied through the agency of the bandage. The bandage to be wet with cold water, if any undue inflammation supervened.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

March 27th, 1867.

Reported by R. S. Belden, M. D.,

Extravasation of Blood under the Pleura.

Dr. T. Finnell presented three specimens on behalf of Dr. John Beach. First, the lungs of a child three months old, seemingly well until one day it was seized with a crying spell, which continued, as if the child was suffering from some internal pain. This lasted several hours, when symptoms of dyspnœa began, and the child gradsank and died of suffocation. Post-mortem examination showed no internal lesion accounting for this except the condition of the lungs, which presented irregular extravasations of blood underneath the pleura. This condition did not extend into the tissue of the lung.

Disease of Heart and Kidneys.

Second Specimen. Heart and kidneys removed from a man 55 years of age. He had been ill and confined to his room several hours preceding his death. Heart disease was recognized, and he was advised to keep quiet and to be carefully watched. At times he suffered pain and distress over the præcordial region; and at other times was able to go out. One day while passing through the street, he met with some obstacle on the sidewalk, and was forced to make great muscular exertion to save himself from falling. He did fall, however, and was soon after found dead. Post-mortem examination shows a rupture through the wall of the left ventricle, through which the pericardium was filled with blood, though this wall is as thick as natural. The fatty condition of the heart and kidneys, and the corpulence of the patient, doubtless, account for the weakness and rupture of these normally thick walls.

Rupture of Aneurism.

The third specimen showed the bursting of an aneurism just above the aortic valves, filling the pericardium with blood, but not producing instant death. The patient lived several hours after the accident. The rupture was circuitous, not direct; which fact accounts for the gradual death.

Fatty Placenta.

Dr. Finnell also presented a fourth specimen, which was a fatty placenta taken from a woman who had given birth to five healthy children in natural and easy labors. She appeared to be perfectly healthy and in the best condition during this confinement; but after an easy labor was delivered of a child which had been dead but a few hours. To the touch, the placenta presented a gritty feeling, showing that calcareous as well as fatty change had taken place.

Uterine Lesions After Abortion.

Dr. Finnell offered a fifth specimen, which was the uterus and a portion of its appendages, taken from the body of a woman 28 years old, who died four days before. In November last, finding herself pregnant between three and four months, she determined to have abortion produced, and applied to an abortionist, who at that time operated on her for that purpose. Finding this ineffectual, she applied to him a second time; and a second unsuccessful operation was performed. She applied to him a third time; and a day or two after, symptoms of abortion presented themselves, and the fœtus was expelled. From that time until she gradually sunk and died, one month after the operation, she suffered from symptoms referable to the pelvis. On post-mortem examination, the right limb from the pelvis down, was found to be œdematous. On opening the abdominal cavity there was no effusion within the peritoneal cavity proper; but there were two large abscesses in the right iliac region in the neighborhood of the broad ligament, which pressed upon the surrounding tissues so as to interfere with the circulation of that limb. The left limb was in its normal condition. The uterus is soft, larger than natural, and the os uteri is intensely congested; but there are no signs of abrasion, and no marks showing the introduction of an instrument. The interior surface of the uterus shows it to have been in an impregnated condition, and shows the point of attachment of the placenta. There is a dark spot on the internal os, but this is cicatricial and depressed, showing that this was not directly connected with her death. The right ovary shows two corpora lutea.

Ulceration of Larynx and Trachea.

Dr. Rogers presented a specimen of particular interest to laryngoscopists. A lady, 34 years of age, contracted syphilis five years ago, which became constitutional. There was ulcerative disease of the larynx, glottis and epiglottis. Two years ago she began to fail in voice. It grew less and less, and finally was reduced to a whisper. About a year ago dyspnœa became quite urgent, subject to paroxysms of greater or less severity. About that time Dr. Simrock examined the case with a laryngoscope, and diagnosticated ulcerative disease of the larynx, involving the glottis, also an adhesion of the epiglottis to the upper rim of the larynx, with a perforation through the epiglottis, admitting into the trachea all the air that was inhaled. Not many weeks

after, Dr. Parker was called, and introduced a tracheal tube, which she has worn ever since, and which is presented here. Dr. Simrock again saw her; adhered to his former diagnosis, and added, that there was almost a complete occlusion of the respiratory passage to the left lung. She meanwhile suffered from bronchial symptoms of more or less severity at different periods. Last evening she suffered one of her customary paroxysms of dyspnœa and called her physician. He had seen her several times before, suffering in this way, and with similar symptoms, and did not consider them serious. She suddenly died, two hours after he left her.

A post-mortem showed that the epiglottis was at least half absent, that what used to be its two sides were attached to the fauces or larynx, and the opening altogether, dilated to the utmost, did not seem to be three-eighths of an inch; and yet it was said that the woman ate solid food without difficulty, and as well as anybody. Passing a probe down this opening, it enters the œsophagus. But immediately after leaving the epiglottis, which has these adhesions, you fall into a cavity which, looking at it from behind, gives the appearance of a glottis; but going down farther you will find you are in a *cul-de-sac*. Reaching this from below, you come against the opposite side of this membrane which forms almost a cartilaginous occlusion at the lower limit of the thyroid cartilage. Evidences of extensive ulceration were seen. The left primary bronchus was partially occluded. At the line of bifurcation there was an extensive ulceration, which caused the contraction at this point. This ulceration also allowed one of the lymphatic glands on this bronchus to look inward and narrow this passage still more. The cause of death was not discovered until an effort was made to withdraw the tube, when it was found plugged with a large plug of very tenacious mucus, which was apparently the cause of the sudden cessation of breathing.

Obscure Case of Pelvic Peritonitis; Perforation of the Bowels; Abnormal Ureters.

Dr. Watts, jr., presented a specimen taken from a woman who had been in hospital one year, having entered with phthisis and syphilis together. Soon after her admission she had a diarrhœa which continued up to the time of her death. On two or three occasions she had slight hæmorrhages from the bowels. Last November she by mistake took a grain of atropia in solution, thinking it a solution of morphia. The effects of the atropia immediately showed themselves in extreme dizziness, dryness of the fauces, and extreme dilatation of the pupils; but no erythematous eruption was noticed. She was treated immediately with sulphate of zinc and the stomach-pump. She recovered from these effects; but from that time on has had persistent vomiting, being able to retain nothing upon the stomach with the exception of a little milk and lime-water, and small quantities of whisky. She died two or three days ago, from exhaustion. During her sickness her urine was found to contain albumen and casts, but nothing else peculiar was noticed about it, nor about the dejections from the bowels, except that they were fluid. The stomach appeared to be in a healthy condition, presenting no evidence of any ulceration or anything to account for the obstinate vomiting which continued for three months. The liver was fatty, the lungs in a condition of softening, the left kidney large, and on examination found to be fatty also. In the pelvis there had evidently been peritonitis, as all of the organs were bound together and displaced; but while she was in the hospital she showed no symptoms and complained of no pain which could be traced to peritonitis. She had only complained of pain in the epigastrium, and of that only since she took the atropia. The rectum was displaced to the right side, but returning on itself again, it has formed a large loop, and the two ends of this loop were in connection with the bladder, and through each end there was a perforation running into the bladder. One of these openings was in the gut six, and the other about twelve inches from the anus. They both entered the bladder at apparently the same point. Then at the urethra there was found an ulcerating mass which extended to the interior of the bladder. From the left kidney there were two ureters running separately a little distance apart and entering the bladder at nearly the same point. She had never had symptoms of trouble in the bladder. The urine examined many times had shown evidence of Bright's disease, but no fæcal matter. The dejections from the bowels, though noticeably fluid, had never emitted any urinary odor. The right ovary is enlarged and contains several casts, the left is small and enveloped in a mass of fibrin.

BALTIMORE MEDICAL ASSOCIATION.

Meeting of February 11th, 1867.

Reported by J. W. P. Bates, M. D.

Subject for Discussion—Hysteria.

Dr. Arnold. I do not know any term which, practically, has done more mischief than that of hysteria. From the term we would expect the disease to be generally caused by some disease of the female generative organs. Some excellent authorities favor this view. Of late, recent investigators of functional derangement of the nervous system state that this disease is very common in cases in which the womb is not diseased, and that we may have cases of erythema, ulcerations, erosion or other disease of the womb or vagina, and yet find no such great functional derangement of the nerves as is met with in hysteria. It is presumed, therefore, that this perverted action of the nerves, this morbid desire to create pity, shows more a mental or moral disease than a physical one. I believe this is the view of Dr. Handfield Jones, and he is no mean authority on nervous diseases. These cases might just as well be treated with a strong decoction of flint stones as with anything we have in the Pharmacopœia. There are other cases of disease of the womb which have a strong desire to get well, which a genuine hysterical case never does. In this class we have quasi choreaic symptoms, headache, etc.,

but the real cause of their suffering is anemia. These cases are often neglected by the medical attendant and put in the same category with those who dissimulate. This class can really be benefited by medicine. I have found these cases not among the affluent, who having no troubles make imaginary ones, but among sewing girls, milliner girls, etc., in which there is atony of the muscular system. These can be benefited by tonics, iron, rest and good diet. I have succeeded in a number of such cases which I consider fit subjects for medical treatment.

Dr. EASTMAN. I agree with Dr. ARNOLD that many cases of hysteria are not connected with uterine disease, but I have frequently observed that the first symptoms that would lead me to suspect disease of the womb have been hysterical. Sometimes there may be ulceration without a discharge, but this is not so frequently as with discharge. If the woman complains of burning pain on the top of the head in addition to the hysterical symptoms, I generally find the os uteri diseased. Hysteria may be caused by anything that debilitates, and in these cases iron is one of the best remedies, but nothing can compare with out-door exercise. If you can get them to go out every day it is almost certain to cure them. In hysterical convulsions, bromide of potassium has been highly recommended. I have only tried it in a few cases, but so far I am highly pleased with it.

Dr. ERICH. The great majority of the cases of hysteria that have come under my observation have been of the class referred to by Dr. ARNOLD as curable; in these cases rest and not exercise was the first indication to be fulfilled. They were generally produced by very fatiguing exertions, or by violent emotions, as anger or fright. After the paroxysms had been controlled by nervous stimulants or opium, as the case might be, the exhibition of quinine, iron and wine was generally followed by the happiest results. Exercise in the open air I have found, in this class of cases, to be more valuable as a prophylactic than as a curative measure. I am now attending a lady who is suffering from an attack of hysteria, produced by over-exertion undergone in moving; she complains of a violent pain in the region of the liver.

Dr. CURRY. In order to treat any disease rationally it is necessary to investigate the pathological conditions. Dr. ARNOLD sets forth the pathology of one class viz., anemia. There is another class which is characterized in one case by delirium, in another by convulsions, in a third by coma. This class is not benefited by tonics. It seems to depend upon a morbid condition of the nervous system. Some authors locate the disorder in the brain, others in the spinal cord, and say you will always find tenderness in the spine. Sometimes I think it is from reflex action. I remember the case of a young man who had been troubled much by hemorrhoids, for which ligatures had been applied. He was attacked by hysteria which ceased when the hemorrhoideal tumors had been clipped off. A widow lady, set 25, had an attack of hysteria which resembled coma. A physician was called and he cupped, but there was no amelioration. I saw her in the evening and ordered the cold douche to be kept up until she became sensible. She had no more attacks while she remained in the neighborhood. She had disease of the womb, but there was no tenderness along the spine. In robust cases of this kind, tonics do no good.

Dr. ARNOLD. It was not my intention to propose tonics as a specific, but only as being very useful in a large class of hysterical cases which we would otherwise be likely to slight. I am free to admit that this other class is excited by nervous causes—excitement of the cebro-spinal nerves and also of the periphery. No part of pathology is so backward as that of nervous diseases, as epilepsy, chorea, etc., as well as disorders of the ganglionic nerves. The task is hard to discover the seat of the manifold disease, which we meet daily. Cases of hysterical mania are very interesting; they are generally easily curable or recover very easily. They are often sent to hospitals as grave cases, but in the course of a few weeks they are sent home perfectly well.

The premonitory characteristics are—headache, easily excited, easily displeased, strange notions, sometimes outrageous conduct and conversation, paroxysms of mania simulating frensy. The vast number of cases, however, belong to the class to which I first alluded. They are troubled with asthma, palpitations, headache, spasms, and seemingly paralysis. Stimulants are not well borne. I approve more of quinine, cod liver oil, iron, etc. There is a vast field here deserving of study.

Dr. ERICH. To complete the outlines of hysteria, as they have been given in this discussion, two more points ought to be added. 1st. Hysteria is not a disease of females exclusively. This is the universally adopted opinion of modern writers. It has no more nor less to do with affections of the uterus than any other one of the neuroses. 2d. Hysteria frequently simulates serious inflammatory diseases, and so perfect is the deception that it has often led to very sad blunders in the treatment adopted. Very eminent diagnosticians have been repeatedly mortified by seeing a patient, whom they had condemned to a recumbent position on account of some imaginary disease of the spine, or chronic inflammation of the joints, go to a ball and dance the greater part of the night, and get well in the course of a few weeks, not of the disease but of the soreness produced by the treatment. The case of the lady to which I referred before, is a very forcible illustration of this fact. Her father died in consequence of a permanent obstruction of the biliary duct. Knowing the symptoms of this disease it was comparatively easy for her to imitate them and thus deceive me at my first and second visits, especially as she had never suffered from hysteria before, and appeared to be quite a strong minded woman. But when I saw her the third time and found her no worse for wear, although she had been writhing in the greatest agony for three days and two nights, (according to her account,) and when I found that the pulse was almost natural, the functions of the liver were performed as efficiently as ever, and her appetite was good, the truth began to dawn on my mind. I then told

her that I was now convinced that her disease, although very painful, was of no more consequence than a bad toothache, and that I was sure I could cure her in a few hours, if she would consent to take an old fashioned dose of calomel. She took it, and when I saw her this morning her pains were gone and she was able to leave her bed. The deception practised was not intentional, but her nerves were in an acutely sensitive state in consequence of over exertion, and the slight muscular soreness was magnified by a vivid imagination to such a degree as to pervert temporarily an otherwise sound judgment.

Dr. Williams. I am afraid the proof is not positive enough to allow us to express any authoritative opinion, on account of our ignorance of its pathology. No one cause can account for all the cases. No doubt anemia may predispose, but the exciting cause is in the nervous system. The physiognomy of hysterical patients is peculiar—there is a peculiar form of the eye—it changes quickly under the influence of light. I think there may often be a hereditary tendency which is not strong enough of itself to produce the disease unless there be some exciting cause. Some undoubtedly are owing to displacement of the uterus, or disease of the neck, as leucorrhœa. Some say that the leucorrhœa is produced by anemia, but you can cure the leucorrhœa some time before you can the anemia. The real causes are in the nervous system, and what they are we can no more tell than we can those of epilepsy, chorea, etc., for there may be nothing found, after death, to account for the symptoms. In young people it is accompanied by extreme nervous irritability and you generally find tenderness along the spinal cord. When we enter on the manifestations of hysteria, we find an endless field. It frequently simulates inflammatory disease. I have now a patient who complains of pain in the right hypochondrium; shrinks before your hand touches her. This might be mistaken for a case of peritonitis. It is necessary to have regard to the degree of pressure which produces the pain. In inflammations the pain increases in proportion to the pressure, but frequently in hysteria if you pinch up the skin there is as much complaint of pain as when you press. Cases may resemble tetanus, or catalepsy—generally have opisthotonos, sometimes to a very great degree. Next is the violent convulsive form. I have seen five or six persons tryingo t hold a young girl. It is best to let them alone, for they rarely hurt themselves, and the violence of the convulsion is frequently in proportion to the force used to restrain them. The treatment has to be varied according to the case. Some are relieved by the nervous stimulants, and of these valerian is the best. Others require more active treatment; are generally anemic and we have to cure the anemia first.

Dr. Arnold. In cases of outrageous conduct I know nothing better than a powerful emetic, it is sure to settle them.

Dr. Erich. I cured a case by threatening to give an emetic, she had lost her voice, but soon learned to speak.

Editorial Department.

Periscope.

A New Way of Treating Cancerous Tumors.

The Italian medical journal *L'Ippocratico*, quoted by *L'Imparziale* of the 16th instant (November), mentions a mode of procedure, proposed by Dr. Thiersch, to modify or remove cancerous tumors, whether ulcerated or not. He starts from the supposed action of medicinal agents in the *nascent* state, this action having a great power of modification without exciting either inflammation or gangrene. He therefore injects the carcinomatous tumor and the sound parts in its immediate vicinity with a solution of nitrate of silver, and accelerates the formation of chloride of zinc by injecting, soon afterward, water holding common salt in solution. With the subcutaneous syringe Dr. Thiersch used, in the case of a tumor of the face, the first salt of the strength of 1 to 5000 of water, the chloride of sodium being 1 to 2500. These injections were repeated about twenty times along the margin of the tumor, half an inch from one another. About fifteen more were used in a vertical direction, and more upon the nodosities of the tumour itself. Ten minutes afterward the common salt injections were made in the interspaces of the silver injections. Stronger solutions were used for several days, at intervals of twenty-four hours. Suppuration was soon discernible. At last healthy granulations appeared. Solutions still stronger were now injected, but the patient unfortunately had pyæmia. It is not said whether the result was fatal, but the author holds that his method should be extensively tried.—*Lancet*.

Infusion of Senna with Coffee.

It is often desirable to conceal the flavor of medicinal agents, and this can be readily effected with senna. The *France Médicale* and the *Journal de Médecine Mentale* supply us with a prescription, which is used with much benefit in the asylums directed by Messrs. Moreau (de Tours,) and Dumesuil (of Quatre-Mares.)

℞.	Folliculi sennæ,	℥ijss.,	℥iv.
	Pulv. coffeæ arabicæ,	℥ij.	
	Aq. bullientis,	℥iijss.	
	Lactis,	℥iv.	
	Sacchari,	℥iss.	M.

Indolent Ulcers.

Dr. D. A. Morse, of Alliance, Ohio, says,—(*Lancet and Obs.*)—"The most satisfactory mode of treatment for an indolent ulcer, around which the tissues are indurated and the surface black, with considerable congestion, is to fill the excavation with a powder composed of—as a whole—ten parts: seven of acet. plumbi, one of pulv. opii, two of calomel. Morphia may be substituted for opium. This, while it excites proper action in the parts, relieves pain, unloads the vessels, and will sometimes change the color of

surrounding parts, in twenty-four hours, to a bright red. In varicose ulcers the lead has a good effect upon the dilated vessels. Apply adhesive plaster to the limb, that the pressure may aid in relieving congestion. The straps will depress elevated edges. The ulcer will heal kindly."

Reviews and Book Notices.

The Science and Practice of Medicine. By William Aitken, M. D., Edin., Professor of Pathology in the Army Medical School; Late Pathologist to the Military Hospitals of the British Troops at Scutari, etc. etc. In Two Volumes. From the Fourth London Edition, with Additions, by Meredith Clymer, M. D., Late Professor of the Institutes and Practice of Medicine in the University of New York; formerly Consulting Physician to the Philadelphia Hospital, etc. Philadelphia: Lindsay & Blakiston. 1866. 8vo. 1st Vol., pp. 955; 2d Vol., pp. 1114. *Price*, $12.00 cloth; $14.00 sheep.

We have delayed noticing this important work, after receiving the first volume, so as to refer to both volumes at once. We may now pronounce it to be a very valuable contribution to medical literature. The original has been highly appreciated abroad; and the additions do credit to the judgment and research of the American editor.

Dr. Aitken was not, before the issue of this work, of which the first edition was published in 1857, widely known, at least in this country, as an author. After his second edition came out, only six months elapsed before a third was demanded; and the fourth succeeded in about as short a time.

Dr. Clymer is well remembered in Philadelphia as a prominent medical teacher, twenty years ago. Although not, we believe, since that time, constantly engaged in professional duties, he has not fallen behind a single day in its learning and literature.

The book before us is a large, and a full one; full of facts, scientific and practical, and also amply endowed with references to cotemporary and recent opinions. It is especially useful in giving a clear history of all the principal discussions upon mooted points in pathology of our time. No other treatise upon Practice is so complete in this kind of information. We cannot say that it is always as concise as would be desirable, or that the arrangement is nearly always the best possible. In these respects it might be very much improved. But Dr. Aitken's style is lucid and agreeable; and the inequality of the work is greatly relieved by Dr. Clymer's notes and additions.

The importance of the latter may be estimated, not only by their amount—comprising, besides numerous annotations, more than twenty new articles, which make about three hundred and thirty printed pages,—but also by the nature of the subjects so extended, and the ability and industry of their treatment. Among the topics of these added articles are, *Cholera Morbus, Cholera Infantum, Typho-Malarial Fever, Camp Dysentery, Aphasia, Locomotor Ataxy, Cerebro-Spinal Meningitis, Treatment of Disorders of Respiratory Organs by Atomized Fluids*, etc.

The work is well printed, upon good paper, and handsomely bound. While issued by Messrs. Lindsay & Blakiston at considerably less than the English edition, it is really worth to the purchaser and reader a good deal more than the original.

NEW WORKS ANNOUNCED.

By Henry C. Lea, Philadelphia.

Erichsen on Nervous Injuries.
Hartshorne's Handy-book of Medicine.
Hudson on the Study of Fever.
Brande and Taylor's Chemistry. New edition.
Reynold's System of Medicine.
Thomas on Diseases of Females.
Tanner's Clinical Manual. Revised edition.
Tanner on Diseases of Pregnancy.
Brinton on Intestinal Obstruction.

By Lindsay & Blakiston, Philadelphia.

Skey's Lectures on Hysteria.
Radcliff on Epilepsy and other Disorders of the Nervous System.
Mackenzie on Diseases of the Throat.
Beale on Tissues. New Edition.
Lawrence's Optical Defects of the Eye.
Reynolds on the Nervous System. New edition.
Bence Jones' Lecture on the Application of Chemistry and Mechanics to Pathology and Therapeutics.

By J. B. Lippincott & Co., Philadelphia.

Therapeutics and Pharmacology, or Materia Medica. 3d edition. By George B. Wood, M.D.
Elements of Human Anatomy. 2d edition revised and enlarged. By T. G. Richardson, M.D.

By Kelly & Piet, Baltimore.

Fractures of the Lower Extremity, and the Use of the Anterior Suspensory Apparatus in the Treatment of those Injuries. Fully illustrated by cuts and diagrams; together with numerous cases furnished by eminent surgeons. By Nathan R. Smith, M.D.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 13, 1867.

S. W. BUTLER, M. D., *Editor and Proprietor.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. Butler, M.D.,
Philadelphia, Pa.,
Corresponding Delegate.

☞ Medical Journals please copy.

CRIMINAL ABORTION.

We hope the general interest that the discussion of this subject in our columns has excited will result in good. The revelations which are being brought to light are frightful. Think of women keeping instruments for the production of abortion among their household utensils! Think, also, of the unprincipled men, some of them, too, occupying respectable social and professional positions,—members even of our medical societies, carrying on this nefarious business of producing abortion as a trade! Yet we are credibly informed that such is the fact.

There are few medical men who have not the temptation offered them. We say "the temptation," for the large cash fees that are willingly paid, are a temptation. A few cases that have come to our knowledge recently, will illustrate. One physician, not long in the profession, was called on recently by a woman, and asked to perform the operation, she offering $50 as a fee. He promptly declined it on moral grounds, when the offer was *doubled*, which was also as promptly declined. He was then informed that a neighboring doctor, "whom you call respectable," would not decline; and she doubtless succeeded in finding some one, perhaps one who passed as a "respectable" physician, possibly a member of a Medical Society, who was willing to become a *particeps criminis* in her crime.

In a western town, a physician was called upon by a stranger, who requested him to visit a "young lady" at the hotel, for the purpose of relieving her of "an accident" that had happened to her. A cash fee of $100 was offered. It was declined, and an earnest protest entered against the proceeding. "I don't want to hear any preaching," was the response—"I want this operation performed, and if you will not do it, I will try some one else; and if I can't get it done in this town, I'll travel west till I find some one that will do it!" On inquiring if there was any one who would probably perform the operation, the name of a physician of respectable standing was given, who had been suspected of such practices, on condition that the traveller would return and report the result of his application, which it was believed would be unsuccessful. To the surprise of our informant, the stranger returned in a short time, and reported the physician to whom he had gone as "a gentleman,"—and that he had charged him *only fifteen dollars!*

A surgeon of prominence and standing was recently offered a fee of $1000, if he would perform the operation. The offer was indignantly declined, possibly to be accepted by some one else "of standing," for one-tenth the amount!

We believe, however, that there are comparatively few men of standing and respectability in our profession who engage in this criminal business. It is generally carried on by professed abortionists, under assumed names, and they occasionally come to grief, as in two instances quite recently in New York. But unfortunately, the penalties are entirely disproportionate to the enormity of the crime.

A correspondent in New York, writing on this subject in a business note, says:

"I am pleased with the stand you take against criminal abortions. I have been practising here in New York, since 1849, and I find that women look upon miscarriage, at least to the third month, as nothing. Respectable women the mother of children, will call on you and say, 'Doctor, I have just gone one or two months over my time, I want no more children at present, just give me a pill.' The American born women think that it is no harm, and I am sorry that they are gradually inducting the German and Irish into the evil practice. There is no earthly use in making laws against the practice if the mind is not educated to look upon the affair as something horrid and awful. Now and then a devil of a quack is caught, and may be punished; but for one that is punished, thousands are not discovered. The city is full of young women from the country, who are caught by the advertisements of these quacks. These poor girls finding themselves pregnant, rush to New York for relief. If there was a large lying-in

hospital near the city, and a foundling hospital attached thereto, I think hundreds of lives might be saved. Nobody but God himself can tell the number of women who are sacrificed in New York every year by criminal abortions."

REVISING REPORTS.

While we have given Dr. Maybury ample opportunity, in another column, for correcting alleged errors in our report of his recent remarks before the Philadelphia County Medical Society, we must claim, on behalf of our reporter, the ability to make a *verbatim* report, and his belief in the general accuracy of his report on this occasion. The accuracy of the portion in quotation marks can be easily verified, by reference to the original sources. In preparing such a report for publication, it is not possible to submit it to each speaker for revision, and the infelicities of expression, which with most speakers sometimes occur in an off-hand speech, are much more than compensated for by the freshness and animation of a free and prompt report.

Dr. Napheys—for whose presence at the meeting we alone are responsible—is a thoroughly competent reporter, and an intelligent physician, and there is nothing that will add more to the interest, usefulness, and growth of the Philadelphia County Medical Society, than prompt, brief, off-hand reports of its proceedings,—not "doing to death," and taking all the freshness and interest out of the remarks by a "careful revision."

It is due to both Dr. Napheys and ourselves to say, that in consequence of an unfortunate business arrangement with a party who failed to meet his engagements, great injustice was done to the report, by numerous typographical errors, which we had no opportunity to correct. That arrangement we were compelled to abrogate, and have now returned to our former printer.

Notes and Comments.

Newspaper Advertising.

We have recently received several newspapers from as many sections of the country, containing announcements of important surgical operations performed. Who sent these papers, or from what motive they were sent, we are entirely ignorant of. It does not necessarily follow that because an important operation is spoken of in the papers that the operator is responsible for it. What more natural in a small town, than for the editor or a reporter to make an item of it from hearsay. The same thing is done in our large cities, where serious accidents and operations at hospitals are habitually reported in the newspapers. The point which the conscientious physician or surgeon should avoid, is, not to seek notoriety through the medium of the newspapers. Such a proceeding would be entirely opposed to the teachings of our ethical code, and the spirit of our profession.

One newspaper we have received, contains a very objectionable advertisement by a physician, who, we understand is connected with a medical society in the State of Ohio. The advertisement is headed "Hernia Cured," and several special diseases are mentioned, as attended to by the advertiser, at certain appointed hours, at reasonable charges, etc., etc. All which is unmitigatingly unprofessional.

Physicians and Apothecaries.

At the meeting of the Mercer (N. J.) District Medical Society, held at Trenton on the 21 inst., at which the Apothecaries of the city were present by invitation, Dr. T. J. Corson read a paper on the relation between Physicians and Apothecaries, and offered the following resolution:

Resolved, That this Society unqualifiedly condemn the practice of any person or class of persons prescribing for cases of sickness, unless the person so prescribing shall have received a diploma from a regular Medical College, and also shall have taken out a license as prescribed by law; and we mutually pledge ourselves to do all that we honorably can do, to induce druggists to discontinue the habit of prescribing for diseases.

Which, after considerable discussion, was postponed, and the following adopted:

Resolved, That a committee, composed of two members of this Society, and two apothecaries to be chosen by them, be appointed to inquire into the propriety and feasibility of forming a Society of Physicians and Apothecaries, to be known as the Medical and Pharmaceutical Society of Trenton.

Drs. Corson and J. H. Phillips were appointed.

——The Superintendent of the Colney Hatch Lunatic Asylum, near London, has been examined before the Commissioners of Lunacy on a charge of cruel treatment of his patients. Insane persons of destructive tendencies were put to bed in a state of nudity without bedding of any kind, and a patient named Hobbs, having been so treated for 140 nights during the Winter of 1864-'65 died one morning soon after being unlocked.

Errata.—In Dr. Banning's article, in the Reporter of March 9th, page 183, third line from end of first paragraph read "*a visceral and* an anti-physiological," etc. Page 185, eighth line from bottom of first column, read *highly* for *lightly*.

Correspondence.

DOMESTIC.

Discussion on the Status of Women Doctors.

Editor Medical and Surgical Reporter:

The undersigned has been not a little surprised to see, in a late issue of your journal, what purports to be a faithful report of a discussion before the Philadelphia County Medical Society, on the status of Female Medical Colleges, their professors and alumni—a subject referred to the several county societies, for consideration, by the Medical Society of the state of Pennsylvania at its last annual session.

By what authority was that report published? Who is the self-constituted reporter? And how did he obtain access to a body of which he is not a member?

These questions are asked, because the publication was made without the knowledge of gentlemen, who feel themselves aggrieved in not having, in accordance with former usage, when the Society reported its proceecings, submitted, for their correction, remarks attributed to them, which, in some instances, abound in misrepresentation, grammatical blunders, and other inaccuracies. The writer always questioned the propriety of publishing individual opinions, instead of the sense of the society, on matters purely relating to its polity and ethics when such are under discussion.

The reporter was evidently not familiar with the history of the subject in regard to which he undertook to enlighten your readers; otherwise, such phrases as "commencing of the State Society," and "he would like to go into the history of the *discussion*," etc., would not occur in his report. These expressions, attributed to the undersigned, were not used by him. He did, however, express a desire to enter fully into the history of the *question at issue*, from its first introduction into the Philadelphia County Medical Society, in 1858, to the present time. With that view, he quoted largely from the minutes of the Society, and from the published transactions of the Medical Society of the State of Pennsylvania for 1859, 1860, and 1866. The language and even the sense in some instances, of these quotations, are grossly perverted. Neither did the undersigned say that "it did not represent the same proportion of practitioners in Philadelphia, it did in 1859." But he did say, that, in his opinion, which had also been expressed elsewhere, the society numbering only about 150 members, did not *now* represent, to the same extent, the *profession of* Philadelphia, as it did in 1859, when it had a much larger membership; yet he was glad to see so large an attendance from different sections of the city.

There are other inaccuracies throughout the report which ought to be noticed if time and space permitted. One more instance must suffice.

Near the close of his remarks as reported, a passage occurs which he is unwilling to accept as it there reads. He did, however, say, that he had met (he might have added, years ago,) some nurses who could hardly read the directions accompanying prescriptions, who, he was told, represented themselves shortly after, as practitioners of medicine, and were said to have received diplomas from a Female Medical College.

Wm. Maybury, M. D.

Philadelphia, April 4th, 1867.

A Diagnostic and Prognostic in Typhoid Fever.

Editor Medical and Surgical Reporter:

During the prevalence of an epidemic of typhoid fever in 1850, the attention of my present associate, Dr. E. H. Watts, was directed to a peculiar discoloration in the fauces, generally ovoid in form, varying in size from three-eighths to half an inch in length, and in breadth from one-fourth to three-eighths of an inch, and usually located just to the right and left of the uvula.

It was usually observed from the fourth to the eighth day of the attack, making its appearance earlier if the attack was ushered in with severity; the shade of discoloration ranging from a little deeper pink than the adjoining mucous membrane, to a deep purplish black.

Its presence was proof of the nature of the disease. With a deeper shade of color, as observed from day to day, the disease was known to be progressing unfavorably; the gradual lightening up of the tint indicated a restoration to health; fading away entirely during convalescence, and becoming a very deep purple in all the cases that terminated unfavorably.

The attention of the late Dr. Le Roy H. Anderson was called to it by Dr. W., and several post-mortem examinations were made by them. In every case examined in which this peculiar discoloration was observed in the fauces, ulceration of the glands of Peyer was always found.

The attention of the profession was called to it at that time by Dr. Anderson, through one of the journals. Seventeen years more of observation has led Dr. W. to lay great stress on its value in the diagnosis and prognosis of typhoid fever.

My own attention was first called to it about twelve months since. In that case there was but one spot, occupying the anterior face of the uvula, at one stage of the disease occupying nearly the whole of it.

I have thus endeavored to give a brief and concise sketch of this strange monitor, and would request those whose facilities for investigation afford a wider field than a country practice, to put it to the test of practical observation and post-mortem examination. If its value be verified, the profession should have the benefit of its aid in their therapeutics. If it be found wanting in reliability, some of those who lean on it quite heavily now wish to be apprised of their error.

Edward H. Sholl, M.D.

Gainesville, Ala., March, 1867.

News and Miscellany.

Law for the regulation of Hospitals and Asylums for the Insane, in Illinois.

The following is the text of the act passed during the late session of the Illinois Legislature relative to the detention of reputed insane persons, which is entitled:

AN ACT FOR THE PROTECTION OF PERSONAL LIBERTY.

Section 1. *Be it enacted by the people of the State of Illinois represented in the General Assembly*, That no superintendent, medical director, agent, or other person having the management, supervision, or control of the Insane Hospital at Jacksonville, or of any hospital or asylum for insane and distracted persons in this State, shall receive, detain, or keep in custody at such asylum or hospital any person who has not been declared insane or distracted, by a verdict of a jury and the order of a Court, as provided by an act of the General Assembly of this State, approved Feb. 16, 1865.

Sec. 2. Any person having charge of, or the management or control of, any hospital for the insane, or of any asylum for the insane, in this State, who shall receive, keep, or detain any person in such asylum, or hospital, against the wishes of such person, without the record or proper certificate of the trial required by the said act of 1865, shall be deemed guilty of a high misdemeanor, and shall be liable to indictment, and, on conviction, be fined not more than one thousand dollars, nor less than five hundred dollars, or imprisonment not exceeding one year, nor less than three months, or both, in the discretion of the Court before which such conviction is had: *Provided*, that one half of such fine shall be paid to the informant, and the balance shall go to the benefit of the hospital or asylum in which such person was detained.

Sec. 3. Any person now confined in any insane hospital or asylum, and all persons now confined in the Hospital for the Insane at Jacksonville, who have not been tried and found insane or distracted by the verdict of a jury, as provided in and contemplated by said act of the General Assembly of 1865, shall be permitted to have such trial. All such persons shall be informed by the Trustees of such hospital or asylum in their discretion, of the provisions of this act, and of the said act of 1865, and on their request such persons shall be entitled to such trial within a reasonable time thereafter: *Provided*, that such trial may be had in the county where such person is confined or detained; unless such person, his or her friend, shall within thirty days after any such person may demand a trial under the provisions of said act of 1865, provide for the transportation of such person to, and demand trial in, the county where such insane person resided previous to said detention, in which case such trial shall take place in said last mentioned county.

Sec. 4. All persons confined as aforesaid, if not found insane or distracted by a trial and the verdict of a jury as above, and in the said act of 1865 provided, within two months after the passage of this act, shall be set at liberty and discharged.

Sec. 5. It shall be the duty of the State's Attorneys for the several counties to prosecute any suit arising under the provisions of this act.

Sec. 6. This act shall be deemed a public act, and take effect and be in force from and after its passage.

Approved March 5, 1867.

Perils of Practice.

Instances like that we are now about to record are unfortunately too common; but it is well occasionally to point them out to those who undervalue the labor of medical practitioners and the risks to which they are exposed. It is a fellow practitioner and townsman who speaks thus of Mr. Noel:—

"Died, at 3, Westbury-terrace, Plymouth, on Dec. 6th, of scarlet fever, after a few days' illness, Vicnent Edmund Noel, M.R.C.S., aged twenty-three years, son of the late Rev. Thomas Noel, M.A.

"In his death medical science has lost one of her most devoted sons. During his short practice he was ever ready to relieve the sufferings of the poor in his district, where his memory will be long held in grateful remembrance. While in the faithful discharge of his duties as parochial surgeon he unfortunately contracted scarlet fever, and in a few days succumbed to the virulence of the attack. His gentlemanly demeanor and amiable disposition endeared him to all with whom he associated, and had his valuable life been prolonged no doubt a brilliant career would have been his reward. As a student at the Middlesex Hospital he gained many valuable prizes, while his lectures at the Plymouth Institution, of which society he subsequently became a member, were replete with vigor of thought and research."—*Lancet.*

The Effects of Alcohol on the Human System.

The following testimony of prominent physicians in and near Boston, Mass., seems to have been collected by some one in the interest of the rumsellers. We doubt very much whether a fair expression of the opinions of these gentlemen is given.

DR. EDWARD H. CLARKE,

one of the medical professors in Harvard College, said that for three years he had lived in wine-growing countries, and had seen very little intemperance in any of them. Alcoholic drinks are administered by the profession generally, but they vary with the condition of the person who takes them. Oftentimes the drinking of wines of the country supplies the place of food; but this, he said, depended upon the condition of the persons taking it, and for all practical purposes these wines may be considered as food in certain cases. There are a certain class of narcotic agents which tend to increase the term of life by checking the change of tissues. There are often cases where a person apparently in good health is much aided and built up by the use alcoholic agents, and he had found it necessary to give information specially on this subject. Men should use liquors according to their own judgment—the same as they would tobacco, tea, coffee, etc.

DR. JAMES C. WHITE,

Medical Professor in the Harvard medical school, said that he disagreed with the French chemists in the notion that alcohol did not assimilate with the system, and stated at some length the manner in which alcohol acts beneficially as a stimulant and reconstructant.

DR. OLIVER WENDELL HOLMES

believed alcoholic combinations to act dietetically upon the human system as well as medically.

DR. J. B. S. JACKSON,

Professor of Anatomy, testified that in certain cases of lung diseases alcohol was used medically.

PROFESSOR HORSFORD,

Professor of Chemistry, considered alcohol as food, because it preserved the tissues of the body, and this virtually supplied tissues, as animal food would do. He did not think alcohol in purity was poisonous. Alcohol might be used too freely, in consequence of which tissues would be preserved in too great a measure, and needful disintegration be prevented.

DR. HENRY J. BIGELOW

stated as the result of observation in wine-growing countries in Europe, that he did not think the effects of the wine freely used in these countries injurious; he thought the wine acted as a food. If alcohol was taken as a stimulant he should not expect to find disease resulting from such use, but if taken to excess it would act as a narcotic and produce disease. Dr. BIGELOW said that as a rule, physicians did not abstain from wine. He thought that in case where an individual was obliged to exert himself, being already in an exhausted condition, stimulus was useful, and on the whole beneficial.

DR. CHARLES T. JACKSON, CHEMIST,

said that alcoholic liquors act as respiratory food, and when alcohol in the form of wine or distilled spirits goes into the system, it takes the place of so much fat in respiration. Whisky contains fusel oil, and operates upon the lungs and liver, and gin acts upon the kidneys; and alcoholic drinks, when taken moderately, instead of doing harm, are conservative or beneficial in their action on the system.

A Hospital for Nervous Diseases.

An institution for the treatment of paralysis, epilepsy, and other nervous diseases will be opened at Lake Mahopac, Putnam co., N. Y., in the early part of this spring. It will be strictly private and under the direction of Dr. M. GONZALEZ ECHEVERRIA, who is so favorably known in connection with the practice of the specialty. In addition to the best comfort and to the natural advantages of the location, every means of special treatment beneficial for this class of diseases will be afforded to the patients. The institution will be provided with a room for light gymnastics, the proper apparatus for the exercise of paralytics, and the conveniences to administer the different kinds of baths.—*N. Y. Med. Record.*

Ladies not Admitted.

The Society of Apothecaries have closed the portal by which Miss GARRETT, the only English female medical practitioner, has been enabled to enter the profession. The three young ladies, whose success at the preliminary Arts' examination of the Society we lately chronicled, will find it necessary to adopt some other, and as yet undiscovered, mode of obtaining a medical diploma in this country, if indeed there be any such means. The Court of Examiners have resolved that they will not receive any certificates of lectures or of anatomical instruction delivered in private to particular students, apart from the ordinary classes of public recognized medical schools. It is, of course, impossible for ladies to carry on their medical, surgical, and anatomical studies in mixed public classes; and this resolution amounts, as it is avowedly intended, to an exclusion of female candidates from the only medical diploma hitherto open to them. Besides Miss GARRETT, there is one other lady medical practitioner on the British Register, Miss ELIZABETH BLACKWELL, a graduate of the University of Geneva, whose diploma and claim to registration have been admitted by the General Medical Council of Great Britain.—*Brit. Med. Journ.*

—— Dr. R. J. PATTERSON, late Superintendent of the Iowa State Lunatic Asylum, has received the appointment of Professor of Medical Jurisprudence in the Chicago Medical College.

—— COD-LIVER OIL. In an interesting report by Mr. CROWE, on the state of the fisheries of Norway and Iceland, lately furnished to the Foreign Office, it is stated that sometimes 300 livers of the cod are sufficient to make a barrel of oil, although occasionally 500 are required, and that during the past year, the Laffodon fishery supplied about 26,000 barrels of this oil.

—— Ward, the sculptor, is at work modelling the bas-reliefs of the Ether monument, which, by the munificence of Mr. Lee, of Boston, is to be erected in that city. These bas-reliefs depict characteristic scenes in which the anæsthetic is serving its humane purpose of relieving human pain. The crowning figure of this monument, it will be remembered, is that of the Bible story where the Good Samaritan is pouring oil into the sick man's wounds. It is one of the most effective groups which has yet come from the hands of this artist.

The probability is, we fear, that the above monument will perpetuate a lie, by attributing to Morton a discovery which, by all the principles of right and justice belongs to Wells of Hartford.

—— A young man named Woods, 21 years old, a son of Royal Woods, of Brattleboro, Vt., died of heart disease, recently, in the office of Dr. Ketchum of that town, in which he was a medical student. He was found dead in his chair at the table, with his books opened before him.

—— Dr. Harris, the Registrar of Vital Statistics of New York, says that the tenement house population of that city suffers a perpetual pestilence by one cause or another, while the decently housed and cleanly enjoys a salubrity scarcely equalled in any rural village.

—— Over and over again the public have been cautioned as to the dangers arising from the use of green paper for decorations and the like. Another death, in St. Bartholomew's Hospital, London, is recorded from the effects of the arsenic contained in such papers.

—— Dr. Isaac Ray, for twenty years Superintendent of the Butler Insane Asylum at Providence, R. I., has been compelled, on account of ill-health, to resign his position. Dr. John W. Sawyer, late of the Wisconsin State Asylum, succeeds him.

—— Medical College of Georgia.—Prof. S. P. Garvin has resigned the chair of Materia Medica and Therapeutics, and Dr. Wm. N. Doughty, of Augusta, Ga., is appointed to fill the vacancy thus created. The degree of M. D. was conferred on twenty-two graduates of this college at the recent commencement.

METEOROLOGY.

March,	25.	26.	27.	28.	29.	30.	31.
Wind	N. W.	N.	N. E.	N. W.	N.	S.	S.
Weather	Clear.			Cl'dy. B'wy Clear 11 A M	Wind		Clear.
Depth Rain							
Thermometer.							
Minimum	33°	29°	28°	31°	28°	37°	34°
At 8, A. M.	37	36	34	36	39	45	48
At 12, M.	48	40	38	39	42	48	50
At 3, P. M.	50	44	39	41	42	49	52
Mean	42.	37 25	34.75	36.75	37.75	44.75	46.
Barometer.							
At 12, M.	30.2	30.2	29.9	29.8	29.9	29.8	29.7

Germantown, Pa. B. J. Lredom.

MARRIED.

Hutchins—Smith.—On the 5th inst., by Rev. M. Martin, Dr. Edward R. Hutchins and Mrs. M. Cecelia Smith, both of this city.

Smith—Taylor.—In New York, on Tuesday, April 2, at the Church of Incarnation, by H. E. Montgomery, D.D., David A. Smith, M. D., and Ella L. Taylor, only daughter of Edward L. Taylor, all of that city.

DIED.

Allen.—In New York, April 3, Elizabeth Bissell, only daughter of Dr. T. F. and Julia Bissell Allen, aged 2 years, 5 months, and 24 days.

Davies.—April 1, at May's Landing, N. J., Victorine Virginia, in the 22d year of her age, daughter of Dr. Jas. N. and the late Amanda P. Davies, and grand-daughter of Dr. Henry Davies, of Sunnyside, Amherst county, Virginia.

Morehead.—In New York, suddenly, April 1, David C. Morehead, M. D., in the 49th year of her age.

Polhemus.—March 16th, Effie Polhemus, wife of William P. Lyon, of New York, and daughter of Dr. John Polhemus, of Clarkstown, New York.

Wistar.—In this city, on the 4th inst., Dr. Caspar Wistar, Sen., in the 66th year of his age.

OBITUARY.

Died, in Upper Egypt, on the river Nile, twenty miles above Edson, on the 27th of Jan. 1867, Russell B. Brownell, M. D., of Sharon, Connecticut, in the 29th year of his age.

In the death of Dr. Brownell, the medical profession have lost one of their most useful and promising members; and his many personal friends will hear with deep regret, the intelligence of his early decease. His whole life was one of earnest application and study, and especially so in the pursuit of his profession, of which he was an ardent and indefatigable student. After receiving his classical education at Marietta College, Ohio, he began his medical studies with Dr. Weber of Cincinnati, and from there proceeded to New York, and entered the "Bellevue Medical College," where he graduated during the session of 1863 and 1864. He then held the position of "House Surgeon" in Bellevue Hospital for the period of two years, and during the latter part of his term, occupied the post of "Senior Surgeon" of the "Charity Hospital" on Blackwell's Island, during this time being also elected "Curator" of the Bellevue College Museum. About this period symptoms of pulmonary tuberculosis presented themselves, doubtless contracted by his close application and confinement within the walls of the hospital, and autopsy room, and after being strongly urged and advised, he thought best to accept the position of surgeon on board the Steamer "Arago." This he held for the period of eighteen months, but without any apparent benefit to his health; on the contrary, it was evident that his disease was steadily advancing. Thinking that a warmer climate might act more beneficially in his complaint, and be the means of prolonging life, he started from New York with a party of gentlemen intending to make a tour through Egypt. On reaching the latter place he found himself gradually growing worse; still that indomitable energy which had always characterized him, continued to urge him forward, till finally, in his passage up the Nile, he was seized with a sudden pulmonary hæmorrhage, which caused his death about ten minutes after the attack. A post-mortem examination (which he especially desired,) showed an abundant deposit of miliary tubercles in both lungs, there also being two cavities in both their apices. His body was interred in the vaults of a convent near by, his grave being hewn in the solid rock. Thus has passed away the sincere Christian, the earnest scholar, and perfect gentleman, his last words being a prayer to his God, that He would "forgive his sins, and take him to His home."

G. A. S.